

JULY 15 2002

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P-10 SB 21 (08-00)

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TRANSMITTAL FORM

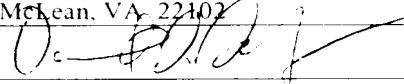
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09 544,615
		Filing Date 04 06 2000
		First Named Inventor Katsuya SAITO et al.
		Group Art Unit 2879
		Examiner Name Sikha ROY
Total Number of Pages in This Submission	14	Attorney Docket Number 740145-148

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> Copy of THE AMERICAN HERITAGE
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Declaration and Power of Attorney	DICTIONARY OF THE ENGLISH
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	LANGUAGE, Page 1870
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	
<input type="checkbox"/> Information Disclosure Statement	Change of Correspondence Address	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	July 12, 2002

CERTIFICATE OF MAILING

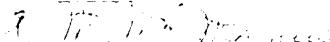
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July 12, 2002

Type or printed name

K.M. McManus

Signature



Date July 12, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$110.00)

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 19-2380(740145-148)

Deposit Account Name: Nixon Peabody LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	201	370	Utility filing fee	
106	330	206	Design filing fee	
107	510	207	Plant filing fee	
108	740	208	Reissue filing fee	
114	160	214	Provisional filing fee	

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
4	20**	0	X 18
Independent Claims	1	3**	0
Multiple Dependent		280	0

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	Claims in excess of 20	
102	84	202	42 Independent claims in excess of 3	
104	280	204	140 Multiple dependent claim, if not paid	
109	84	209	42 ** Reissue independent claims over original patent	
110	18	210	9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0)

**or number previously paid, if greater. For Reissues, see above

*RECEIVED
JUL 12 2002*

Complete if Known

Application Number	09 544,615
Filing Date	04-06-2000
First Named Inventor	Katsuya SAITO et al.
Examiner Name	Sikha ROY
Group Art Unit	2879
Attorney Docket No	740145-148

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	100	205	65 Surcharge - late filing fee or oath	
122	50	227	25 Surcharge - late provisional filing fee or cover sheet	
130	150	139	130 Non-English transaction	
147	2,520	147	2,520 * or filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	\$110.00
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
133	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,280	241	640 Petition to revive - unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR 1.296(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	960	169	960 Request for expedited examination of a design application	
Other fee (specify)				

* Reduced by Basic Filing Fee Paid

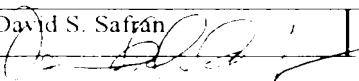
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CERTIFICATE OF MAILING

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K. M. McManus
Name: K. M. McManus

SUBMITTED BY

SUBMITTED BY		Complete (if applicable)		
Name (Print Type)	David S. Safran	Registration No	27,997	Telephone 703-770-9300
Signature		Attorney/Agent		Date July 12, 2002